

DEPARTMENT OF PERSONNEL MANAGEMENT 1000 METROCENTER, SUITE 102 JACKSON, MISSISSIPPI 39209

PHONE: (601) 960-1053 HEARING IMPAIRED TDD: 1-800-582-2233

Complete and answer all questions accurately.

Failure to do so may delay consideration and processing of your application.

PER	SONAL INFORMAT	ION (Please print o	r type)		
1.	Last Name	First Name	Initial	Social Security Number	
2.	Mailing Address (S	treet, City, State, Zip	code)		
3.	Home Telephone	Other Telephone		If you are not a U.S. Citi a valid work permit?	zen, do you have
	()	()		Yes	No
4.	If yes indicate date	City of Jackson emploses of employment, remediately in the comment of the comment	eason	☐ Yes ☐	No
5.	City of Jackson restricts the employment of relatives, and prohibits their employment in the same department or in positions reporting directly or indirectly to relatives. Do you have relatives employed by the City of Jackson? Yes No				
	Name		Relationshi	p Departme	ent
	1. 2.				
	3.				
POS	ITION INFORMATIO	ON (Only one posit	ion per applica	ation will be accepted)	
6.	Position for which	you are applying:		Date available:	
	Full Time	Part-Time		Temporary/Sumi	ner
7.	List the Machines,	computers, and wo	rd-processors	Typing WPM	Keystrokes per minute
	1. 2. 3.				

8.	LICENSURE INFORMATION					
	<u>Driver's License</u>	<u> </u>	Professional Licens	se/Certifica	<u>te</u>	
	State: Number:		Type/Trade:			
	Valid: Yes No Expiration Date:		Number:			
	Commercial: Yes No If yes, Class:	-	Type/Trade:			
	Endorsements:		Number:			
9.	EDUCATION - TRAINING	ı				
_	School NAME & LOCATION COURSE OF	GRADU	ATED?	DIPLOMA		
			YES	NO		
	less/Trade/ NAME & LOCATION COURSE OF	STUDY		ATED?	DEGREE/	
Techn	nical Schools		YES	NO	CERTIFICATE	
1						
±			· ப	Ц		
2.						
				_		
Colle	- -	F STUDY			DEGREE/	
Unive	ersities		YES	NO	CERTIFICATE	
1.						
			_	_		
2			. 🗆			
10.	List trade-equipment (heavy), automotive, janitorial, f	ield serv	ice you can operat	e.		
	4					
	1		_			
	2					
			_			
MILIT	ARY INFORMATION					
11.	Have you served in the Armed Forces? Yes	No	Branch_			
	Dates Served: FromTo					
	Type of Discharge Honorable Chapter	·				
	Dishonorable Chapter	·				
	General Chapter	·				
12.	Have you EVER pleaded note contenders (no contest)	n or hee	on convicted of a cr	ime?		
12.	Have you EVER pleaded nolo contendere (no contest) to or been convicted of a crime? Yes No Felony Misdemeanor, (not including traffic violation other than DUI).					
	What Charge(s):					
	Where:					

Conviction is not an automatic bar to employment. Each conviction will be judged on its own merit with respect to time, circumstances, seriousness, and as related to the nature of the position for which you applied.

13. WORK EXPERIENCE (Start with most recent)

PLEASE PROVIDE A DETAILED EMPLOYMENT HISTORY. LIST EITHER EMPLOYMENT HELD DURING THE PAST FIVE YEARS OR THE LAST FIVE POSITIONS HELD, WHICHEVER RESULTS IN THE MORE COMPREHENSIVE LISTING. INCLUDE MILITARY, PART-TIME, SUMMER AND VOLUNTEER EXPERIENCES.

Employer's Name and Address	Dates of Employment (Month/Year)	Average Hours Per Week
	From: To:	
Type of Business or Organization	(Manufacturing, Accounting, Gover	nmental Agency, etc.):
Telephone ()	Name and Title of Supervisor:	
Reason for Leaving:		
Number and Title(s) of Employees Super	vised:	
Job Title and Duties, Responsibilities & Acc	complishments:	·····
FORMER POSITION Note: Use Si	upplemental Sheet (s) for Additiona	l Job Information
Employer's Name and Address	Dates of Employment	Average Hours
	(Month/Year)	Per Week
	From: To:	
Type of Business or Organization	(Manufacturing, Accounting, Gover	nmental Agency, etc.):
Telephone ()	Name and Title of Supervisor:	
Reason for Leaving:		
Number and Title(s) of Employees Super	vised:	
Job Title and Duties, Responsibilities & Acc	complishments:	

FORMER POSITION

Employer's Name and Address	Date of Employment (Month/Year)	Average Hours Per Week
	From:	·
	To:	
Type of Business or Organi	zation (Manufacturing, Accounting, Gover	nmental Agency, etc.):
Telephone ()	Name and Title of Supervis	or:
Reason for Leaving:		
Number and Title(s) of Employees	Supervised:	
Job Title and Duties, Responsibilit	ties & Accomplishments:	
FORMER POSITIO	\mathbf{N}	
Employer's Name and Address	Date of Employment (Month/Year)	Average Hours Per Week
	From:	
	To:	
Type of Business or Organiz	zation (Manufacturing, Accounting, Govern	nmental Agency, etc.):
Telephone ()	Name and Title of Supervise	Dr:
Reason for Leaving:		
Number and Title(s) of Employees	Supervised:	
Job Title and Duties, Responsibilit	ies & Accomplishments:	

APPLICANTS STATEMENT

1.	I certify that answers given herein are true and complete to the best of my knowledge.		
2.	I authorize the investigation of all statements contained in this application for employment a be necessary in arriving at an employment decision.	s may	
3.	This employment Application shall be considered active for a period of time not to exceed one (1) year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted.		
4.	I understand that within six (6) months of employment I must establish residence within fort miles of City Hall located in the City of Jackson.	y (40)	
5.	To ensure a safe and productive work environment for all employees, all successful applicant employment with the City of Jackson shall be required to submit to and successfully complete employment drug and/or alcohol test prior to appointment to any position with the City. It stand and agree that my refusal to submit to such testing will disqualify me for employment licity of Jackson.	a pre- under	
6.	In the event of employment, I understand that false or misleading information given in my application, interview (s) or other sources of references may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.	, also,	
	Signature of Applicant Date		
RECO	DMMENDATION FOR EMPLOYMENT		
l hav	ve this date updated my application and do affirm that all information is correct and current.		

Date

Signature of Applicant